24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)		FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼			
National Nurses United for Patient Protection	n	C C00490375			
Check if 24-hour report 48-hour report Ne	ew report Amends report file	ed on M M / D D / Y D Y D Y			
Full Name of Payee Outfront Media		Date of Public Distribution/Dissemination			
	05 09 2016				
Mailing Address 185 US Highway 46	Amount				
City State	Zip Code	5600.00			
Fairfield NJ	07004	Transaction ID : D734756 Date of Disbursement or Obligation			
Purpose of Expenditure Billboard	Category/ Type	04 / 13 / 2016			
Name of Federal Candidate	Support Offi	ice Sought: House District:00			
Bernie Sanders		President Senate State: CA			
Calendar Year-To-Date Per Election for Office Sought	Dis 120123.63	bursement For:			
Full Name of Payee		Date of Public Distribution/Dissemination			
Bus Bank		05 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 820 West Jackson					
Suite 815		Amount			
City State	Zip Code	70539.13			
Chicago IL	60607	Transaction ID: D734753 Date of Disbursement or Obligation			
Purpose of Expenditure Travel	Category/ Type	04 / 18 / 2016			
Name of Federal Candidate	X Support Off	ice Sought: House District: 00			
Bernie Sanders	Oppose	President Senate State: CA			
Calendar Year-To-Date Per Election for Office Sought	120123.63 Dis	sbursement For: Primary General Other (specify) General			
(a) SUBTOTAL of Itemized Independent Expenditures	·····	76139.13			
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
	·	492 492 492			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
	lectronically Filed] Date	05 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Signature	_				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	ENDERT EXILITIES	TOTIES		PAGE 2 OF 4 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼	
National Nurses United for Par	ient Protection			C C00490375	
Check if 24-hour report 48-hour i	report New repo	ort Amends repo	ort filed on	M / D = D / Y = Y = Y	
Full Name of Payee Latino Print Network			М	f Public Distribution/Dissemination	
Mailing Address 3445 Catalina Dr			Amour	05 09 2016 at	
City	State	Zip Code		42500.00	
Carlsbad	CA	92010		Transaction ID : D734751 Date of Disbursement or Obligation	
Purpose of Expenditure Advertising		Category/ Type	М	05 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate		Support	Office Sought	: House District: 00	
Bernie Sanders		Oppose	X Preside	nt Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought		120123.63	Disbursement 2016 Ot	For:	
Full Name of Payee National Nurses United				of Public Distribution/Dissemination	
Mailing Address 155 Grand Avenue			Amou	05 06 2016 nt	
City	State	Zip Code	— r	20.00	
Oakland	CA	94612		Transaction ID : D734766 Date of Disbursement or Obligation	
Purpose of Expenditure Online Ad		Category/ Type	М	05 / 09 / 2016	
Name of Federal Candidate		Support	Office Sough	t: House District:00	
Bernie Sanders		Oppose	X Preside	ent Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought		120123.63	Disbursement 2016	t For:	
•					
(a) SUBTOTAL of Itemized Independent I	Expenditures		· •	42520.00	
(b) SUBTOTAL of Unitemized Independen	nt Expenditures		·· •	7 1 7 1 7 1	
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	ny candidate or authorized				
Martha Kuhl	[Electron	ically Filed] Date	e 05	10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature					

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

		FOR SE OF FORM 24/48				
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼				
N	ational Nurses United for Patient Protection	C C00490375				
Che	eck if X 24-hour report 48-hour report New report Amends report filed	on Mam / Dab / Yayayay				
П	Full Name of Payee	Date of Public Distribution/Dissemination				
	National Nurses United	05 09 7 2016				
	Mailing Address 155 Grand Avenue	Amount				
ŀ	City State Zip Code	675.00				
	Oakland CA 94612	Transaction ID : D734767 Date of Disbursement or Obligation				
	Purpose of Expenditure Payroll Category/ Type	05 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
ı	Name of Federal Candidate Support Office	Sought: House District: 00				
	Bernie Sanders Oppose	President Senate State: CA				
	Calendar Year-To-Date Per Election for Office Sought Disbur 2016	rsement For:				
	Full Name of Payee National Nurses United	Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination				
	Mailing Address 155 Grand Avenue	Amount				
ľ	City State Zip Code	769.50				
	Oakland CA 94612	Transaction ID : D734768 Date of Disbursement or Obligation				
	Purpose of Expenditure Payroll Category/ Type	05				
ľ	Name of Federal Candidate Support Office	Sought: House District:00				
	Bernie Sanders Oppose X	President Senate State: CA				
	Calendar Year-To-Date Per Election for Office Sought Disbut 2016	rsement For: X Primary General Other (specify) ▶				
(a) SUBTOTAL of Itemized Independent Expenditures						
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
	Martha Kuhl [Electronically Filed] Date 05	M / D D / Y D Y D D / 2016				
	Signature					

PAGE

OF

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMUTTEE (In Full)					
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼				
National Nurses United for Patient Protection		C C00490375			
Check if X 24-hour report 48-hour report New report Amends report filed on					
Full Name of Payee	Dat	te of Public Distribution/Dissemination			
Javier Moreno Polllaroio		05 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 1521 3rd Ave	Am	nount			
City State 2	Zip Code	20.00			
Oakland CA	94606 Tra	ansaction ID : D734769 te of Disbursement or Obligation			
Purpose of Expenditure Translation Services	Category/ Type	05 / 09 / 2016			
Name of Federal Candidate	X Support Office Sou	ught: House District: 00			
Bernie Sanders	Oppose Pres	sident Senate State: CA			
Calendar Year-To-Date Per Election for Office Sought	Disbursem 2016	nent For:			
Full Name of Payee	Dot	tte of Public Distribution/Dissemination			
	Da	M M / D D / Y Y Y Y Y			
Mailing Address	Am	nount			
City State 2	Zip Code				
Purpose of Expenditure	Category/ Dat	Date of Disbursement or Obligation			
	Type				
Name of Federal Candidate	Support Office Sou	ught: House District:			
	Oppose Pres	sident Senate State:			
Calendar Year-To-Date Per Election for Office Sought	Disbursem				
		Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures	······	20.00			
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures		120123.63			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Martha Kuhl [Electronic	ally Filed] Date 05	10 2016			
Signature	Date				

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